

## SEPTIC SHOCK ORDERS - Dr. Thomas Chick

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## CULTURES (prior to antibiotic therapy):

\_\_\_\_ Blood X 2    \_\_\_\_ Urine    \_\_\_\_ Sputum (respiratory secretions)    \_\_\_\_ Stool    \_\_\_\_ Stool for C. difficile  
 \_\_\_\_ Other \_\_\_\_\_

## ANTIMICROBIAL THERAPY (TO BE STARTED WITHIN 3 HRS OF ADMISSION)

## Community-acquired pneumonia:

1. ☒ Ceftriaxone 1gm IVPB + Azithromycin 500 mg IVPB now and every 24h
2. ☐ Levofloxacin 500 mg 750 mg IVPB now and every 24h
3. ☐ Moxifloxacin 400 mg IVPB now and every 24h

## Health-care associated pneumonia:

1. ☐ Cefepime 1 gm IVPB now and every 8h +  
Gentamicin 5 mg/kg IVPB now and every 24h
2. ☐ Piperacillin/Tazobactam 4.5 gm IVPB now and every 6h +  
Gentamicin 5 mg/kg IVPB now and every 24h
3. ☐ Gentamicin 5 mg/kg IVPB now and every 24h +  
Ciprofloxacin 400 mg IVPB now and every 8h
4. ☐ Piperacillin/Tazobactam 4.5 gm IVPB now and every 6h +  
Ciprofloxacin 400 mg IVPB now and every 8h
5. ☐ Aztreonam 2 gm IVPB now and every 8h +  
Gentamicin 5 mg/kg IVPB now and every 24h
6. ☐ Vancomycin 20mg/kg (\_\_\_\_ mg) IVPB now and every 12h. (Round to nearest 250mg; do not exceed 2 gm/dose)

## Intra-abdominal infection:

1. ☐ Cefepime 1 gm + Metronidazole 500 mg IVPB now and every 8h.
2. ☐ Ciprofloxacin 400 mg + Metronidazole 500 mg IVPB now and every 8h.
3. ☐ Piperacillin/Tazobactam 4.5 gm IVPB now and every 6h

## Urinary tract infection:

1. ☐ Ceftriaxone 1 gm IVPB now and every 24h (community-acquired)
2. ☐ Cefepime 1 g IVPB now and every 8h (healthcare-acquired)
3. ☐ Ciprofloxacin 400 mg IVPB now and every 12h
4. ☐ Other \_\_\_\_\_

## PHARMACY CONSULTATION FOR RENAL FAILURE DOSING

## EARLY GOAL-DIRECTED THERAPY

## IV fluids/Medications:

- ☐ CVP, ABG'S, Central Venous O2 sat q1 hr. x 4, then q4 hr., tabulate.
- ☒ Normal saline 500 ml bolus over 30 mins; repeat until CVP 8-12 mmHg in non-mechanically or 12-15 mmHg in mechanically ventilated patients.
- IV fluids: \_\_\_\_\_

## If MAP &lt; 65 mmHg despite CVP 8-15 mmHg:

- ☒ Dopamine 10mcg/kg/min, titrate for MAP 65-90 mmHg
- ☒ Norepinephrine 5 mcg/min, titrate for MAP 65-90 mmHg CVP determinations q 30 mins until ScvO2 > 70%
- ☒ If patient is anemic and ScvO2 is < 70% despite CVP 8-15 mmHg with use of vasopressors,  
type & cross 2 units of PRBC's and transfuse to Hct > 30%
- ☐ If CVP is 8-15 mmHg, MAP is 65-90 mmHg and Hct is > 30%, but ScvO2 remains < 70%, add  
Dobutamine 2.5 mcg/kg/min (max dose 20 mcg/kg/min) until ScvO2 (measured q 30 mins) is > 70%.

## Glucose control:

- ☐ Finger stick Blood Sugar every 6hrs. Administer Humulin R insulin subcutaneously according to sliding scale:

<150	0 units
151-250	4 units
251-350	10 units
>351	16 units

## Lab:

- ☒ Daily BMP, magnesium and phosphorous.

Thomas W. Chick, MD

Date

Time

HUDSON, DOUGLAS

ADM IN

Admit: 07/24/11

W/62

L ICU-D

MR# L000193935 GHOSH, TAPATI

ACCT# L00103357263

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

ICU 105 Septic Shock Orders Chick

Page 1 of 2  
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HUDSON, GLAS  
ADM IN Admit: 07/24/11  
M/62 L ICU-0  
MR# L000193935 GHOSH, TAPATI  
Acct# L00103357263

enders

\*Patient Number\*

## MECHANICAL VENTILATION ORDERS - WITH VAP PROTOCOL

DIAGNOSIS: Cardiac arrest

1. Mode: ☒ SIMV ☐ CMV ☐ PCV (   cm H2O)
2. Tidal volume 500 ml. Inspiratory flow 60 L/min. NA I/E.  
NA Inspiratory time, sec. Frequency 15 b/min.
3. PSV   adjust for VT > 0.4 L.   cm H2O.
4. PEEP   cm H2O.
5. FIO2 ☒ adjust for SaO2 > 90%.   %
6. Nebs: Albuterol 2.5 mg. Atrovent 0.5 mg. Xopenex   mg.  
96h frequency.   continuous.
7. Sedation by protocol: ☒ Propofol   Lorazepam   Midazolam
8. Analgesia: ☒ MS 1-2 mg IV every 60 minutes prn.  
Other analgesia
9. Neuromuscular paralysis: Vecuronium Bromide 0.1 mg/kg IV initially, then  
0.01 mg/kg every 30-60 minutes prn agitation not controlled by sedation and analgesia.  
Other neuromuscular paralysis
10. After intubation:   Chest X-ray.   ABGs at 1 hr stable ventilator settings.
11. For hypotension (SBP < 90 ). ☒ bolus NS (100 ml). ☒ Dopamine  
per protocol. ☒ Dobutamine per protocol. ☒ Norepinephrine per protocol.  
  Dietary consult.
12. Daily BMP, Magnesium, Phosphorous
13. HOB Elevated 30-45 Degrees
14. LOVENOX 40 mg Subcutaneous ☒ QDAY ☐ BID
15. Nexium 40mg IV ☒ Q 24hrs. ☐ BID
16. SCD's
17. Daily CPAP trial. Hold sedation, neuromuscular paralysis until patient alert, cooperative and able  
to perform weaning tests.   PEEP.   CPAP   PSV adjust for VT > 0.4 L.    
FIO2 adjust for SaO2 > 90%. If trial is tolerated, ABGs at 1 hour, then resume previous ventilator  
settings
18. Other orders:

Physician Signature

Date

Time

ICU102

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Updated 10-6-06





HUDSON, DOUGLAS  
ADM IN M/62 Admit: 11/24/11  
MR# L000193925 HUDSON, IAPAT  
Acct# L00103357263  
[Barcode]

### PHYSICIAN'S ORDER FOR RESTRAINTS

Restraint/Protective Device Ordered  
(please check all that apply)

- ☒ soft limb
- ☒ two point
- ☐ four point
- ☐ vest
- ☐ mittens
- ☐ other \_\_\_\_\_

Reason for Restraint  
(please check all that apply)

Non Violent/Non Self-Destructive

- ☒ Invasive Tube/Line Management
- ☐ Patient Safety/Interfering with Treatment
- ☐ Surgical/Wound Management

Violent/Self-Destructive

- ☐ Emergency Behavioral Situation

Time Limit  
(please check one)

Non Violent/Non Self-Destructive

- ☒ Maximum 24 hours
- ☐ \_\_\_\_\_

Violent/Self-Destructive

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> 1 hour  | <input type="checkbox"/> 2 hrs. for Children          |
| <input type="checkbox"/> 2 hours | <input type="checkbox"/> 1 hr. for < 9 yrs.           |
| <input type="checkbox"/> 4 hours | <input type="checkbox"/> 2 hrs. for Adol. 9 - 17 yrs. |

Date 07/25/2011 Time 0800

Physicians Signature \_\_\_\_\_

Palestine Regional Rehabilitation Hospital, 4000 South Loop 256, Palestine, TX 75801 903/723-5000

ICU111 - Phys. Order for Restraints

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CAR 6/25/08  
Reviewed 7/18/2011



HEALTH CARE CENTER & PEDIATRIC HOSPITAL

Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Physician's Orders
		1. <input type="checkbox"/> PLACE IN OUTPATIENT OBSERVATION SERVICES <input type="checkbox"/> ADMIT TO INPATIENT
7/25/11	0235	D/C Levenox order. Scan not noted K. Morrow RN/FNP / <i>[Signature]</i> Cesar Uy, M.D. Apogee Physicians 7/25/11 O&N
7/25/11	0430	Tylenol 650 mg every 4 hours as needed for pain/fever. Scan not noted K. Morrow RN/FNP / <i>[Signature]</i> Cesar Uy, M.D. Apogee Physicians 7/25/11 O&N
7/25/11	0520	EEG this am N/A K. Morrow RN/FNP / <i>[Signature]</i> Cesar Uy, M.D. Apogee Physicians 7/25/11 O&N
7/25/11	0700	Consult Dr. Chick Contact Warden of pt critical condition K. Morrow RN/FNP / <i>[Signature]</i> Cesar Uy, M.D. Apogee Physicians 7/25/11 O&N
7/25/11	0715	NS liter bolus stat. may use Levophed to maintain SBP 70. stat magnesium and phosphorus from 0500 lab draw. magnesium 2gram IV stat if Mg level is <2.0 K. Morrow RN/FNP / <i>[Signature]</i> Cesar Uy, M.D. Apogee Physicians 7/25/11 O&N
7/25/11	0720	STAT DRUGS TODAY: DR. CHICK / <i>[Signature]</i>

Allergies & Sensitivities		
N/A		
Weight	Height	Diagnosis

HUDSON, DOUGLAS

Admit: 07/24/11  
LTCU-0  
MR# L000193935 GHOSH, TAPATI  
Acct# L00103357263



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Physician's Orders



HUDSON, DOUGLAS  
ADM. TN. M/62 Admit: 07/24/11  
MR# L000193935 GHOSH, TAPATI L. ICU-0  
Acct# L00103357263

### PHYSICIAN'S ORDER FOR RESTRAINTS

Restraint/Protective Device Ordered  
(please check all that apply)

- ☒ soft limb
- ☐ two point
- ☒ four point
- ☐ vest
- ☐ mittens
- ☐ other \_\_\_\_\_

Reason for Restraint  
(please check all that apply)

Non Violent/Non Self-Destructive

- ☒ Invasive Tube/Line Management
- ☒ Patient Safety/Interfering with Treatment
- ☐ Surgical/Wound Management

Violent/Self-Destructive

- ☐ Emergency Behavioral Situation

Time Limit  
(please check one)

Non Violent/Non Self-Destructive

- ☒ Maximum 24 hours
- ☐ \_\_\_\_\_

Violent/Self-Destructive

- ☐ 1 hour
- ☐ 2 hrs. for Children
- ☐ 2 hours
- ☐ 1 hr. for < 9 yrs.
- ☐ 4 hours
- ☐ 2 hrs. for Adol. 9 - 17 yrs.

Date 7/24/11 Time 2250  
Physicians Signature Chen R

Palestine Regional Rehabilitation Hospital, 4000 South Loop West, Palestine, TX 75801 0037723-5000

Santa Morow, N.P.  
Apogee Physicians

Cesar Uy, M.D.  
Apogee Physicians  
7/24/11  
CH

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ICU111 - Phys. Order for Restraints

CAR 6/25/08  
Reviewed 7/18/2011



Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

Date	Time	Physician's Orders
		1. <input type="checkbox"/> PLACE IN OUTPATIENT OBSERVATION SERVICES <input type="checkbox"/> ADMIT TO INPATIENT
7/24/14	2320	Remove Antile Strahels + replace = bgt restraints  K. Morrow, N.P. Apogee Physicians
7/24/14	2345	Am lab: CBC, BMP, ABG's Serial Cardiac Enzymes x 3 q 4h Repeat CxR in am med: DC Dopamine Dobutamine qtt + maintain Syst 2/3 S per protocol K. Morrow, N.P. Apogee Physicians Cesar Uy, M.D. Apogee Physicians 7/24/14 Og
7/25	0110	1ovenox 1mg/kg up to 100mg subcutaneous, daily. TORB K. Morrow RN, FNP / Cesar Uy, M.D. Apogee Physicians K. Morrow, N.P. Apogee Physicians
7/25	0210	Dopamine drip as needed to maintain SBP > 100. TORB K. Morrow RN, FNP / Cesar Uy, M.D. Apogee Physicians K. Morrow, N.P. Apogee Physicians 7/25/14 Og

Allergies & Sensitivities

☐ NKA

PATIENT ID

Weight	Height	Diagnosis

HUDSON, DOUG

ADM IN

M/62

Unit: 07/24/14

MR# L000193935 GHOSH, JAPATI

Acct# L00103357263

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Physician's Orders



Pneumonia  
Admission Orders  
\*\*CORE MEASURE\*\*  
Allergies:

HUDS DOUGLAS  
PRE ER Admit: 07/24/11  
M/62 L. ER  
MR# L000193935 THOMAS, RONALD L  
Acct# L00103357263  
10

DATE	TIME	PHYSICIANS ORDERS
7/24/11	2:50	<p>**Decision to Admit** time: 2:50 Actual Admit time: <i>[Signature]</i></p> <p>Admit as Inpatient to: Dr. <i>[Signature]</i> <input type="checkbox"/> 3-Center <i>[Signature]</i> ICU</p> <p>* Administer Pneumococcal Immunization if patient meets defined criteria.</p> <p>* Administer Influenza Vaccine (October - March) if patient meets defined criteria</p> <p>* Blood Culture STAT, BMP, Sputum for Gram Stain and culture</p> <p>Medications: (Select one choice of IV Antibiotics)</p> <p>* Begin immediately after blood cultures are drawn and before leaving ER.</p> <p>* Administer first dose of antibiotics in ER or within 4 hours of arrival.</p> <p><u>Non-ICU</u></p> <p><input type="checkbox"/> Moxifloxacin 400 mg. IV every day</p> <p><input type="checkbox"/> Ceftriaxone 1 gm IV q day + Azithromycin 500 mg IV q day</p> <p><u>Pseudomonal Risk</u> - Definition: Bronchiectasis OR Structural Lung Disease and documented history of repeated antibiotics and/or chronic corticosteroid use.</p> <p><input type="checkbox"/> Piperacillin/tazobactam 3.375gm IV q 6 hours + Ciprofloxacin 400 mg IV q 12 hours [Choice of drug should depend on patient history and modified for current medical conditions]</p> <p><u>Pseudomonal risk with beta-lactam allergies:</u></p> <p><input type="checkbox"/> Aztreonam 1 gm IV q 8 hours + Moxifloxacin 400mg IV q day + Gentamicin 80 mg q 8 hours.</p> <p><u>ICU patient</u></p> <p><input checked="" type="checkbox"/> Azithromycin 500 mg IV q day + Ceftriaxone 1 gm IV q day</p> <p><input type="checkbox"/> Azithromycin 500 mg IV q day + Piperacillin/tazobactam 3.375gm IV q 6 hours</p> <p><input type="checkbox"/> Ciprofloxacin 400 mg IV q 12 + Ceftriaxone 1 gm IV q day</p> <p><input type="checkbox"/> Ciprofloxacin 400 mg IV q 12 + Piperacillin/tazobactam 3.375gm IV q 6 hours</p> <p><input type="checkbox"/> Moxifloxacin 400mg IV q day + Ceftriaxone 1 gm IV q day</p> <p><input type="checkbox"/> Moxifloxacin 400mg IV q day + Piperacillin/tazobactam 3.375gm IV q 6 hours</p> <p>Tylenol 650 mg every 4 hours as needed for temperature &gt; 100.5</p> <p>Consult Dr:</p> <p>Vital signs routine; weigh on admission <i> Foley to dependent DRAINAGE</i></p> <p>Diet: <i>AS to</i></p> <p>IV: <i>D5 1/2NS @ 150ml/hr and KCl 20mg to ex. LITER</i></p> <p><input type="checkbox"/> PA &amp; Lateral Chest X-ray</p> <p><input type="checkbox"/> EKG if greater than 40 years of age</p> <p><input type="checkbox"/> O2 Sat: call physician if less than 90%</p> <p><input checked="" type="checkbox"/> O2: <i>DOPAMINE DRIP PRN to maintain SBP &gt; 100</i></p> <p><input checked="" type="checkbox"/> Ventilator Settings: <i>per protocol</i></p> <p>Nebulizer with Albuterol 2.5mg every 4 hours prn for wheezing</p> <p>Notify Dr. of admission in a.m., if not previously notified.</p> <p>Smoking Cessation Counseling, if patient smokes.</p> <p>Old Chart to floor</p> <p>Physician's Signature: <i>[Signature]</i> Date: <i>7/24/11</i></p>

Revised 7-19-11

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## CLINIC NOTES

Name: Hudson, Douglas

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

TDCJ No: 1722504

INSTITUTIONAL DIVISION

Unit: Joe F. Gurney

Date & Time	Notes
7/20/11	Texas Uniform Health Status Update from previous corrections facility reviewed.
1700	Patient will be seen by Mental Health Provider within 30 days for evaluation and disposition.
	Current Psychiatric Medications From County Jail are Indicated Below.
	All Medication Orders are Per Dr. Clayton w/ Special Instruction of "County Jail Intake"
	This Clinic Note is to be scanned into the EMR and forwarded to Dr. Clayton for co-signature
	<input type="checkbox"/> Wellbutrin (bupropion) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Desyrel (trazodone HCl) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Celexa (citalopram) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Prozac (fluoxetine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Zoloft (sertraline) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Norpramin (desipramine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Pamelor (nortriptyline) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Risperdal (risperidone) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Abilify (aripiprazole) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Thorazine (chlorpromazine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Prolixin (fluphenazine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Haldol (haloperidol) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Mellaril (thioridazine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Navane (thiothixene) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Atarax (hydroxyzine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Eskalith (lithium) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Neurontin (gabapentin) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Seroquel (quetiapine) _____ mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Benadryl (diphenhydramine) 50mg # _____ q _____ x 30 days NO REFILLS
	<input type="checkbox"/> Cogentin (benztropine) _____ mg # _____ q _____ x 30 days NO REFILLS

Elavip 100 mg + q hs x 30 dp  
Tlo. Dr. Oliver

*[Signature]*

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## CLINIC NOTES

Name: Hudson, Douglas

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

TDCJ No: 1722504

INSTITUTIONAL DIVISION

Unit: Joe F. Gurney

Date & Time	Notes
7/20/11	Texas Uniform Health Status Update from previous corrections facility reviewed.
1400	Current Medications Ordered for Continuity of Care are Indicated Below:
	<input type="checkbox"/> Chart to Mental Health Services for medication Rx.
H/O following:	<input checked="" type="checkbox"/> Enteric Coated Aspirin 81mg <sup>325mg</sup> QD x 30 days x 11 RF KOP <i>L. P. G.</i>
<input type="checkbox"/> HTN	<input type="checkbox"/> Atenolol 50mg # _____ QD x 30 days x 11 RF
<input type="checkbox"/> NIDDM	<input type="checkbox"/> Enalapril _____ mg # _____ q _____ x 30 days x 11 RF
<input type="checkbox"/> IDDM	<input type="checkbox"/> Amlodipine _____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> CAD	<input type="checkbox"/> Tenex _____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> Seizure	<input type="checkbox"/> Hydrochlorothiazide _____ mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> HCV	<input type="checkbox"/> Pravastatin 20mg 1 QD x 30 days x 11 RF
<input type="checkbox"/> HIV	<input type="checkbox"/> Insulin 70/30 _____ units AM; _____ units PM x 30 days x 11 RF
<input type="checkbox"/> Asthma	<input type="checkbox"/> Glyburide _____ mg # _____, q _____ x 30 days x 11 RF
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Metformin _____ mg Bid x 30 days x 11 RF
<input type="checkbox"/> GERD	<input type="checkbox"/> Dilantin 100mg # _____, q _____ x 30 days x 11 RF
<input type="checkbox"/> Psych	<input type="checkbox"/> Tegretol 200mg # _____, q _____ x 30 days x 11 RF
<input type="checkbox"/> Pos PPD	<input type="checkbox"/> Divalproex sodium <input type="checkbox"/> 250mg <input type="checkbox"/> 500mg # _____, q _____ x 30 days x 11 RF
	<input type="checkbox"/> Albuterol MDI 2 Puffs Bid PRN x 90 days x 3 RF KOP
	<input type="checkbox"/> Ibuprofen _____ mg 1 Bid PRN x 30 days KOP SPQ
	<input type="checkbox"/> Zantac 150mg # _____ Bid x 30 days x 11 RF KOP
	<input type="checkbox"/> INH 300mg & B6 50mg; 1 each QD x 30 days x 8 RF - Notify CID of Patient's TB Status
	<input type="checkbox"/> Diet for Health w/ PM Snack x 180 days x 1 RF - Issue Identifying Wrist Band
	<input type="checkbox"/> Please inform Patient if medication change to appropriate formulary agents per policy

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08/26/24 a.m. 07-26-2011

2/3

# PALESTINE REGIONAL MEDICAL CENTER

PATIENT NAME: HUDSON, DOUGLAS  
 MEDICAL RECORD #: 193938  
 ADMISSION DATE: 07/24/2011  
 DISCHARGE DATE: 07/25/2011  
 ATTENDING PHYS: GHOSH TAPATI  
 DOB: [REDACTED]

## DISCHARGE/DEATH SUMMARY

ATTENDING PHYSICIAN: DR. CESAR UY

PRIMARY CARE PHYSICIAN: TDC Managed Care

CONSULTING PHYSICIAN: DR. THOMAS CHICK, PULMONARY CRITICAL CARE MEDICINE.

ADMITTING DIAGNOSIS: CARDIAC ARREST.

## DEATH DIAGNOSES:

1. SEPTIC SHOCK WITH MULTI-ORGAN FAILURE.
2. MULTI LOBE PNEUMONIA.
3. SUPRAVENTRICULAR TACHYCARDIA.
4. CORONARY ARTERY DISEASE.
5. HYPERTENSION.
6. ACUTE RESPIRATORY FAILURE.

## PROCEDURES PERFORMED:

1. Endotracheal intubation.
2. Echocardiogram.
3. Chest x-ray.

**HOSPITAL COURSE:** The patient is a 62-year-old Caucasian man, a TDC inmate with history of coronary artery disease who was witnessed at the prison to have a seizure-like activity. He was transferred to the infirmary and was noted to be hypotensive and hypoxic on room air. He was transported to the emergency department, but became unresponsive enroute. Upon presentation at the emergency department the patient was in pulse-less electrical activity. Advanced cardiac life support was promptly started. The patient was revived but had to be placed on vasopressors. He was promptly transferred to the intensive care unit on mechanical ventilatory support as well as vasopressors.

Laboratory tests revealed acute renal failure, elevated cardiac enzymes, coagulopathy and respiratory and metabolic acidosis. Patient was febrile. Chest x-ray showed right upper lobe, left upper lobe and perihilar infiltrates suggestive of pneumonia. The patient was comatose. Due to refractory hypotension he had to be placed on three vasopressors including Dopamine, Dobutamine and Levophed. His urine output was marginal. The

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08:20:38 a.m. 07-28-2011

3 / 3

**HUDSON, DOUGLAS**  
**DISCHARGE SUMMARY**  
Page 2

patient's condition, clinical status continued to deteriorate while at the intensive care unit. Family members were called including his son who was the next of kin. They were advised regarding the patient's critical condition. Dr. Chick of Pulmonary Critical Care Medicine was involved in the patient's care as a consultant. He indicated the patient's grim prognosis. Family members eventually decide to withdraw all life support. The warden was informed regarding the family's decision. Patient subsequently expired on 07/25/2011 at 1656 hours. Family members were at bedside.

I spent more than 30 minutes in the patient's death care.

---

CESAR CHUA UY, M.D.

cc:

Trans: ISanb DD: 07/25/2011 17:08:09 CST DT: 07/25/2011 18:44:33 CST  
Job #: 8617063/7947331 Original Voice Job ID: 213596 REV: 0

Dictated by: CESAR CHUA UY, M.D.  
DD: 07/25/2011 17:08:09 DT: 07/25/2011 18:44:33  
Job ID/Document ID: 213596/7947331

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### EVIDENCE

Case No. 2011-2960 Inventory # 11-047  
Type of offense Death in Custody  
Description of evidence Compact disc  
Containing Photographs  
Suspect N/A  
Victim Hudson, Douglas Earl # 1722534  
Date and time of recovery 7/26/2011 2:57 PM  
Location of recovery Remains for Corp. ID

Recovered by [Signature] #197

### CHAIN OF POSSESSION

Received from B. Gentry  
By L.H. MARS  
Date 7/26/2011 Time 10:10 (AM) PM  
Received from \_\_\_\_\_  
By \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM  
Received from \_\_\_\_\_  
By \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

1 - 34





Texas Department of Criminal Justice  
OFFICE OF THE INSPECTOR GENERAL

INVESTIGATOR'S REPORT  
OF CUSTODIAL DEATH

OIG TRANSFERS (if necessary)			
CASE #	DATE	OFFICIAL DATE & TIME OF DEATH	AUTOPSY ORDERED?
2011-02960	I-10459-07-11	7/25/2011 1656 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DECEASED NAME (LAST, FIRST, AND MIDDLE)	RACE	SEX	AGE
Hudson, Douglas Earl	W	M	62
IDENTIFICATION #	UNIT OF ASSIGNMENT	DATE & TIME FOUND	DOB
1722504	Gurney	7/25/2011 1656 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	[REDACTED]
PLACE OF DEATH	CITY	COUNTY	ZIP CODE
Palestine Regional Medical Center	Palestine	Anderson	75801
J.P. / M.E. NOTIFIED (NAME)	PRECEPT #	DATE & TIME J.P. / M.E. NOTIFIED	PHOTOGRAPHS?
Judge Wesley	4	7/25/2011 518 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF REQUEST	DATE & TIME OF REQUEST		
N/A (None)	N/A	N/A	<input type="checkbox"/> AM <input type="checkbox"/> PM

\* LOCATION, POSITION AND SURROUNDINGS OF BODY \*

Lying on his back wearing hospital gown in Bed (Room #10) of I.C.U. at PRMC, Covered by sheet

\* SUMMARY OF HOW DEATH OCCURRED \*

Offender Hudson was transported to Palestine Regional Medical Center from Gurney Unit with Suspected cardiac arrest. DR. UY report cause of death as Septic shock w/ multi organ failure.

TRANSPORTING FUNERAL HOME	RECEIVING FUNERAL HOME
Karnes Funeral Home	Karnes Funeral Home
INVESTIGATOR SIGNATURE	TELEPHONE #
[Signature]	(901) 928-2217 3406

Law Enforcement Agency:

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
OFFICE OF THE INSPECTOR GENERAL  
P.O. Box 4003 - Huntsville, TX 77342-0003  
(832) 437-6735

## INVESTIGATOR'S REPORT OF CUSTODIAL DEATH

(Continued)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE - OFFICE OF THE INSPECTOR GENERAL

CASE #	DECEDENT NAME (LAST, FIRST, MI)	IDENTIFICATION #
2011.02960	Hudson, Douglas EARL	1722504

\* CLOTHING WORN BY DECEDENT \*

<input type="checkbox"/> None	<input type="checkbox"/> Pants	<input type="checkbox"/> Shoes/Boots	<input type="checkbox"/> Jacket
<input type="checkbox"/> Belt	<input checked="" type="checkbox"/> Gown/Blouse	<input type="checkbox"/> Dress	<input type="checkbox"/> Other (list details below)

## \* PROPERTY SENT WITH DECEDENT \*

None

## \* MEDICAL HISTORY \*

Was death attended?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous history of illness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
History of suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOSPITAL NAME	ADDRESS	TELEPHONE
		( ) -
PHYSICIAN CONTACTED (Name)	ADDRESS	TELEPHONE
		( ) -

DIAGNOSIS: Coronary Artery Disease, Paroxysmal Ventricular Tachycardia,  
Cellulitis & Abscess of toe (Past Medical)

## \* NEXT OF KIN INFORMATION \*

NEXT OF KIN	ADDRESS	TELEPHONE
CADE Hudson	2404 Sandstone RD Burleson Tx	(817) 615-3329
NEXT OF KIN NOTIFIED BY (Name)	TELEPHONE	DATE & TIME NOTIFIED
Thomas Taylor	(903) 928-3118	7/25/2011 700 AM <input checked="" type="checkbox"/> PM

## \* IDENTIFICATION \*

## \* DOCUMENTATION \*

HOW: <input checked="" type="checkbox"/> Offender Records <input type="checkbox"/> Fingerprints	<input type="checkbox"/> Order for Autopsy <input checked="" type="checkbox"/> Clinic Notes (last 72 hrs)
<input type="checkbox"/> Viewed at Hospital/Scene <input type="checkbox"/> Other	<input checked="" type="checkbox"/> ER Report (if available) <input checked="" type="checkbox"/> Copy of Travel Card
Investigator	REPORT DISTRIBUTION: (Include Complete Documentation)
Relationship to Decedent	(1) Case File (2) J.P. (3) To Accompany Body



## CUSTODIAL DEATH REPORT

For reporting requirements and procedure, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code

### Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
  - (1) give notice of the death of an inmate and the person fails to give the notice; or
  - (2) conduct an investigation and file a report and the person:
    - (A) fails to conduct the investigation or file the report, or
    - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

### Article 49.18 (a) (b) (c). Death in Custody

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30<sup>th</sup> day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determined is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.055 (b) (2), Government Code.
- (d) In this article:
  - (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
  - (2) "In the custody of a peace officer" means:
    - (A) under arrest by a peace officer, or
    - (B) under the physical control or restraint of a peace officer.
  - (3) "State juvenile facility" means any facility or halfway house:
    - (A) operated by or under contract with the Texas Youth Commission or
    - (B) described by Section 51.02 (13) or (14), Family code.

Mail To: Office of the Attorney General  
Criminal Law Enforcement Division  
P.O. Box 12548  
Austin, Texas 78711-2548  
(512) 463-2170

Date of Report: 07/28/2011

### 1) AGENCY/FACILITY INFORMATION:

Name of Agency/Facility: **TDCJ -- Office of the Inspector General**

Address: **P.O. Box 4003**

City, Zip Code: **Huntsville, TX 77342-4003**

Telephone: Number: **(936) 437-5052**

Fax: **(936) 437-5010**

Signature of Director of \_\_\_\_\_

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**Custodial Death Report**  
Page 2

- 2) **IDENTITY OF DECEASED:**  
 Name of deceased: HUDSON, Douglas Earl SSN [REDACTED] NOT VERIFIED BY TDCJ  
 Race/Ethnic Group:  
☐ African-American  
☐ Native American  
☒ Anglo  
☐ Asian ☐ Hispanic  
☐ Middle East  
☐ Native Hawaiian/Pacific Islander  
☐ Other (Specify)  
  
☒ Male DOB: [REDACTED]  
 Sex ☐ Female Age: 62
- 3) **DATE OF CUSTODY (arrest, incarceration):**  
 Date: 07/26/2011  
 Time: Hour:        Min:        am ☐ pm ☐
- 4) **DATE/TIME OF DEATH:**  
 Month: July Day: 25 Year: 2011  
 Time: Hour: 4 Min: 56 am ☐ pm ☒
- 5) **WHERE DID THE EVENT CAUSING THE DEATH OCCUR?**  
 Street Address: 1385 FM 3328  
 City: Palestine  
 County: Anderson
- 6) **HAS A MEDICAL EXAMINER OR CORONER CONDUCTED AN EVALUATION TO DETERMINE A CAUSE OF DEATH?**  
☐ Yes, results are available  
☐ Yes, results are pending  
☒ No, evaluation pending  
☐ No, evaluation not planned
- 7) **MANNER OF DEATH:**  
 1. ☐ Accidental Injury to self  
 2. ☐ Accidental Injury by others  
 3. ☐ Alcohol/Drug Intoxication  
 4. ☐ Justifiable Homicide  
 5. ☐ Other Homicide  
 6. ☐ Suicide  
 7. ☒ Natural Causes/Illness-Specify Coronary Artery disease, Paroxysmal Ventricular Tachycardia, hypertension  
 8. ☐ Other-Specify:
- 8) **MEDICAL CAUSE OF DEATH:** Septic Shock with Multi Organ failure
- 9) **WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE DECEASED DEVELOP THE CONDITION AFTER ADMISSION?**  
 1. ☐ Pre-existing medical condition  
 2. ☐ Deceased developed condition after admission  
 3. ☐ N/A - cause of death was accidental injury, intoxication, suicide, or homicide  
 4. ☒ Don't Know

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- 10) HAD THE DECEASED BEEN RECEIVING TREATMENT FOR THE MEDICAL CONDITION AFTER ADMISSION TO YOUR JAIL'S JURISDICTION?
- ☐ Not Applicable
- ☐ No
- ☒ Yes-If yes, describe below (Include only treatment and medication related to the medical condition that caused the deceased's death. Exclude emergency care provided at time of death):
- Eiavil, Ecotrin, Lopressor

- 11) WHAT TYPE OF CUSTODY/FACILITY WAS THE OFFENDER IN/AT PRIOR TO THE TIME OF DEATH?
- ☐ Police Custody (pre-booking)
- ☒ Penitentiary
- ☐ Municipal Jail
- ☐ County Jail

- 12) SPECIFIC TYPE OF CUSTODY/FACILITY
- ☐ Custody of Peace Officer during/fleeing arrest
- ☐ Custody of Peace Officer subsequent to arrest
- ☒ TDCJ-ID (Unit): Gurney
- ☐ Jail-single cell
- ☐ Jail-detox cell
- ☐ Jail-Multiple occupancy cell
- ☐ Jail-holding cell
- ☐ Jail-day room/recreation area
- ☐ Correctional/Rehabilitation Facility
- ☐ Hospital/Infirmary
- ☐ Halfway House/Restitution Center
- ☐ Non-law enforcement detox facility Name: \_\_\_\_\_
- ☐ TYC-Facility: \_\_\_\_\_
- ☐ TJPC Detention Center: \_\_\_\_\_

- 13) WHAT WERE THE MOST SERIOUS OFFENSE(S) WITH WHICH THE DECEASED WAS (OR WOULD HAVE BEEN) CHARGED WITH AT THE TIME OF DEATH (required)
1. DWI-Enhanced
2. \_\_\_\_\_
3. \_\_\_\_\_

- ☐ Filed
- ☒ Convicted
- ☐ Probation/Parole
- ☐ Not filed at time of death

Type of Charges

- ☐ Violent Crime against Persons
- ☐ Child Abuse
- ☐ Serious Crime against Property
- ☒ Alcohol/Drug Offense
- ☐ Other-specify: \_\_\_\_\_

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1.3

14) DID THE DECEASED DIE FROM A MEDICAL CONDITION OR FROM INJURIES SUSTAINED AT THE CRIME/ARREST SCENE?

- ☐ Medical condition only  
☐ Injuries only  
☐ Both medical condition and injuries  
☒ Don't Know  
☐ Not Applicable

15) IF INJURED AT THE CRIME/ARREST SCENE, HOW WERE THESE INJURIES SUSTAINED?

- ☐ Inflicted by law enforcement officers  
☐ Inflicted by others at crime/arrest scene  
☐ Self-inflicted-accidental  
☐ Self-inflicted-suicide  
☐ Unknown  
☒ Not Applicable

16) WAS THE DECEASED UNDER RESTRAINT IN THE TIME LEADING UP TO THE DEATH OR THE EVENTS CAUSING THE DEATH?

- ☒ No  
☐ Yes, If yes, mark which restraint devices were used:  
☐ Handcuffs  
☐ Leg shackles  
☐ Other device-Specify

17) WHAT TYPE OF WEAPON(S) CAUSED THE DEATH? (MARK ALL THAT APPLY)

- ☐ Handgun  
☐ Rifle/Shotgun  
☐ Nightstick or baton  
☐ Stun gun or tazer  
☐ Other-specify  
☒ Not applicable

18) AT ANY TIME DURING THE ARREST/INCIDENT DID THE DECEASED: MARK ALL THAT APPLY

- ☐ Appear intoxicated (either alcohol or drugs)  
☐ Threaten the officer(s) involved?  
☐ Resist being handcuffed or arrested?  
☐ Try to escape/flee from custody?  
☐ Grab, hit or fight with the officer(s) involved?  
☐ Use a weapon to threaten or assault the officer(s) Specify  
☐ Other -- specify  
☒ Not applicable

19) WHERE DID THE DECEASED DIE?

- ☐ At law enforcement facility  
☐ At the crime/arrest scene  
☒ At medical facility  
☐ En route to medical facility  
☐ En route to booking center/police pickup  
☐ Elsewhere - Specify:

20) WHAT WAS THE TIME AND DATE OF THE DECEASED'S ENTRY INTO THE LAW ENFORCEMENT FACILITY WHERE THE DEATH OCCURRED?

☐ N/A  
 Month: 07 Day: 20 Year: 2011  
 Time: Hour: Min: AM: PM:

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21) AT THE TIME OF ENTRY INTO THE FACILITY DID THE DECEASED: MARK ALL THAT APPLY

- ☐ Appear intoxicated (either alcohol or drugs)?
- ☐ Exhibit any mental health problems?
- ☐ Exhibit any medical problems?
- ☒ Not applicable

22) IF DEATH WAS AN ACCIDENT OR HOMICIDE, WHO CAUSED THE DEATH?

- ☐ Deceased
- ☐ Other detainees
- ☐ Law enforcement/correctional staff
- ☐ Other persons-specify
- ☐ Don't know
- ☒ Not applicable; cause of death was suicide, intoxication or illness/natural causes

23) IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHAT WAS THE MEANS OF DEATH?

- ☐ Firearm
- ☐ Blunt instrument
- ☐ Knife, cutting instrument
- ☐ Hanging, strangulation
- ☐ Drug overdose
- ☐ Other - specify
- ☒ Not applicable; cause of death was intoxication or illness/natural causes

24) ATTACH A SUMMARY OF HOW THE DEATH OCCURRED:

---

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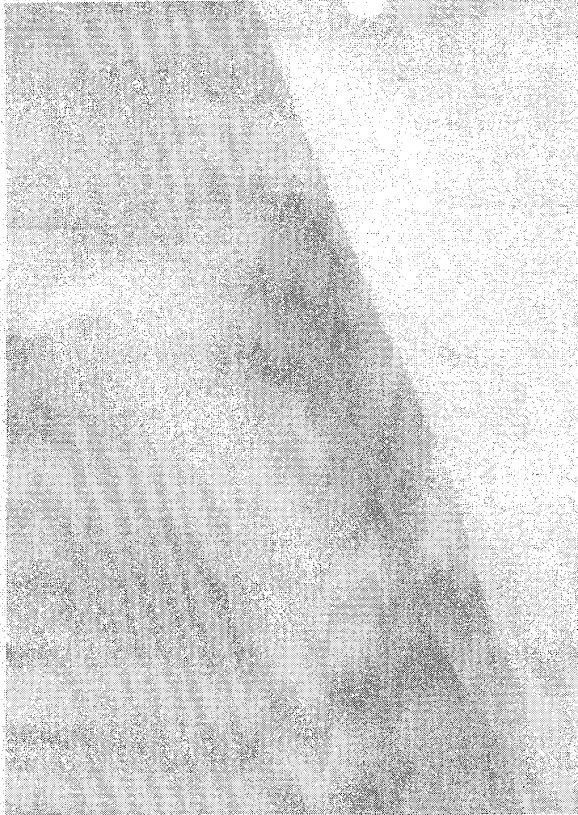
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8.1



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8.2

CSIMF800/INI801 COMMITMENT INQUIRY 07/26/11 09:13:23  
 INMTCICS/BGR7581 /1BP1 TDCJ-ID NO: 01722504 SIDNO: 01487724  
 NAME: HUDSON, DOUGLAS EARL APPL: STATUS: T DQ LI #OFF: 06  
 OLD TDC#: 01182468 CNTY CONV: 126 8 ST  
 OFF-REC: H5404 PRJ RL: 06-05-2022 REC: 07-20-2011 MAX-TERM: 25Y OM OD  
 PEN-REC: 049.090 MAX-EX: 11-20-2035 BEGIN: 11-20-2010 PAR-ELIG: 10-08-2013  
 INMATE TYPE: TF HB1433: Y HB1433 VOTE:  
 DYNAMIC RISK ASSESSMENT: TYC: HB1433 MIN EXP: 06-05-2022  
 OFFCD:H54040011 DWI 3RD/M  
 3DEG ENH 81ST  
 PENAL:049.090 MS:Y PLEA:G CAUSE:F44561 CNT:00 OFF:03-28-2010  
 CC CNTY OFF:126 CNTY/CRT:126 249 MAX TERM: 25Y OM OD BEG:11-20-2010  
 MIN EXP:06-05-2022 MAX:11-20-2035 PAR ELIG:10-08-2013 SENTENCED:06-09-2011  
 HB1433:Y HB1433 VOTE: HB1433 MIN EXP: REST: N  
 OFF TDCNO: 01722504 CTO DATE 01-01-0001  
 OFFCD:R54040011 DWI  
 3DEG 73RD  
 PENAL:049.040 MS:Y PLEA:G CAUSE:0846817D CNT:01 OFF:05-22-2002  
 CC CNTY OFF:220 CNTY/CRT:220 297 MAX TERM: 12Y OM OD BEG:07-14-2003  
 MIN EXP:10-13-2012 MAX:08-24-2019 PAR ELIG:11-20-2010 SENTENCED:07-28-2003  
 HB1433:Y HB1433 VOTE: HB1433 MIN EXP:06-01-2008 REST: N  
 OFF TDCNO: 01182468 PC SUBSEC: UNK CTO DATE 01-01-0001  
 PF7:UP, PF8:DOWN, PF2:TOP OF LIST, OR NEXT REQUEST/TDC \_\_\_\_\_ OR SID \_\_\_\_\_

CSIMF800/IN1801 COMMITMENT INQUIRY 07/26/11 09:14:13  
 INMTCICS/BGR7581 /1BP1 TDCJ-ID NO: 01722504 SIDNO: 01487724  
 NAME: HUDSON, DOUGLAS EARL APPL: STATUS: T DQ L1 #OFF: 06  
 OLD TDC#: 01182468 CNTY CONV: 126 81ST  
 OFF-REC: H5404 PRJ RL: 06-05-2022 REC: 07-20-2011 MAX-TERM: 25Y 0M 0D  
 PEN-REC: 049.090 MAX-EX: 11-20-2035 BEGIN: 11-20-2010 PAR-ELIG: 10-08-2013  
 INMATE TYPE: TF HB1433: Y HB1433 VOTE:  
 DYNAMIC RISK ASSESSMENT: TYC: HB1433 MIN EXP: 06-05-2022  
 OFFCD:R54040011 DWI  
 3DEG 73RD  
 PENAL:049.040 MS:Y PLEA:G CAUSE:0896412W CNT:01 OFF:07-13-2003  
 CC CNTY OFF:220 CNTY/CRT:220 297 MAX TERM: 12Y 0M 0D BEG:07-13-2003  
 MIN EXP:10-14-2012 MAX:08-25-2019 PAR ELIG:11-20-2010 SENTENCED:07-28-2003  
 HB1433:Y HB1433 VOTE: HB1433 MIN EXP:06-02-2008 REST: N  
 OFF TDCNO: 01182468 PC SUBSEC: UNK CTO DATE 01-01-0001  
 OFFCD:R54040011 DWI  
 3DEG 73RD  
 PENAL:049.040 MS:Y PLEA:G CAUSE:0859973D CNT:01 OFF:09-13-2002  
 CC CNTY OFF:220 CNTY/CRT:220 297 MAX TERM: 12Y 0M 0D BEG:07-13-2003  
 MIN EXP:10-12-2012 MAX:08-23-2019 PAR ELIG:11-20-2010 SENTENCED:07-28-2003  
 HB1433:Y HB1433 VOTE: HB1433 MIN EXP:05-31-2008 REST: N  
 OFF TDCNO: 01182468 PC SUBSEC: UNK CTO DATE 01-01-0001  
 PF7:UP,PF8:DOWN,PF2:TOP OF LIST,OR NEXT REQUEST/TDC OR SID

CSIMF800/INL801 COMMITMENT INQUIRY 07/26/11 09:13:37  
 INMTCICS/BGR7581 /1BP1 TDCJ-ID NO: 01722504 SIDNO: 01487724  
 NAME: HUDSON, DOUGLAS EARL APPL: STATUS: T DQ L1 #OFF: 06  
 OLD TDC#: 01182468 CNTY CONV: 126 81ST  
 OFF-REC: H5404 PRJ RL: 06-05-2022 REC: 07-20-2011 MAX-TERM: 25Y OM OD  
 PEN-REC: 049.090 MAX-EX: 11-20-2035 BEGIN: 11-20-2010 PAR-ELIG: 10-08-2013  
 INMATE TYPE: TF HB1433: Y HB1433 VOTE:  
 DYNAMIC RISK ASSESSMENT: TYC: HB1433 MIN EXP: 06-05-2022  
 OFFCD: 54040000 DWI  
 DEG 73RD  
 PENAL:049.040 MS:Y PLEA:G CAUSE:30271 CNT:00 OFF:08-08-1994  
 CC CNTY OFF:126 CNTY/CRT:126 018 MAX TERM: 5Y OM OD BEG:10-13-1994  
 MIN EXP:10-13-1999 MAX:10-13-1999 PAR ELIG:01-01-0001 SENTENCED:05-18-1995  
 HB1433: HB1433 VOTE: HB1433 MIN EXP: REST: N  
 OFF TDCNO: 00718310 DISCHARGED 10-13-1999  
 OFFCD: 54040000 DWI  
 DEG 70TH  
 PENAL:049.040 MS:Y PLEA:G CAUSE:0444923D CNT:01 OFF:06-14-1991  
 CC CNTY OFF:220 CNTY/CRT:220 297 MAX TERM: 4Y OM OD BEG:01-13-1993  
 MIN EXP:05-07-1998 MAX:05-07-1998 PAR ELIG:01-01-0001 SENTENCED:01-25-1993  
 HB1433: HB1433 VOTE: HB1433 MIN EXP: REST: N  
 OFF TDCNO: 00058246 DISCHARGED 05-07-1998  
 PF7:UP,PF8:DOWN,PF2:TOP OF LIST,OR NEXT REQUEST/TDC \_\_\_\_\_ OR SID \_\_\_\_\_  
 END OF OFFENSES; ALL OFFENSES HAVE BEEN DISPLAYED

CSIMF100 TEXAS PARTMENT OF CRIMINAL JUSTIC

1BP1 OFFENDER SOCIAL SECURITY NUMBER AND RELIGIOUS PREFERENCE INQUIRY

DATE: 07/26/2011 TIME: 09:14:36

TDC NUMBER 01722504

NAME HUDSON, DOUGLAS EARL

PRIOR NUMBER 01182468

UNIT

SOC SEC NBR [REDACTED] (NOT VERIFIED)

RELIG.PREF CHRISTIAN NON DENOM

PRIMARY LANGUAGE ENGLISH

RELIG. PREFERENCE DATE 07/22/2011 A

SID NUMBER 01487724

LEGAL C.O.R. 126 JOHNSON

TYC TRANSFER NO

POB COUNTY, IF TEXAS 220 TARRANT

PLACE OF BIRTH TX TEXAS

FBI NUMBER 723955J4

CITIZENSHIP UNITED STATES

ENTER NEXT REQUEST / OR TDC NUM

OR SID NUM

OR SSN NUM

CSIMF500 T.D.C. - INSTITUTIONAL DIVISION INMATE VISITORS LIST  
 DATE: 07/27/11 TIME: 13:06:17

NAME: HUDSON, DOUGLAS EARL TDC# 01722504 STAT/CUST: L1 IT UNIT:  
 HSNG ASSIGNMENT: CELL: LAST VISITOR LIST CHANGE: 07 28 11  
 INMATE TYPE: TF  
 HUDSON, EDNA MO 200 E. DEBBIE LANE, MANSFIELD, TX  
 HUDSON, RITA J X/WIF 11528 E. FM RD 917ADO, ALVARADO, TX  
 HARRIS, PATSY SIS 100 RIVERBEND RAVEN, HAWKINS, TX  
 KEY, PATRICIA SIS 401 HUBBARD LN, LIPAN, TX  
 HUDSON, CADE SON 2405 SANDSTONE RD, BURLESON, TX  
 HUDSON, J.D., JR BRO 1103 CORSICANA HWY, HILLSBORO, TX  
 HUDSON, TONY BRO CR 613, ALVARADO, TX  
 HUDSON, ADA G SIL 1103 CORSICANA HWY, HILLSBORO, TX

1 CONTACT VISIT PER WEEK

CONTACT VISITS THIS MO: 0 LAST VISIT DATE: 01 14 06 CONTACT VISIT ELIG. N  
 REGULAR VISITS THIS MO: 0 LAST VISIT DATE: 04 28 96  
 SPECIAL VISITS THIS MO: 0 LAST VISIT DATE: 12 23 95  
 ENTER NEXT TDCNO, CODE, OR REQUEST: OR SIDNO  
 PF1=HELP, PF2=OTS INQUIRY SCREEN, PF5=DISAPPROVED LIST PF10=FAMILY PAGE

CSIMF900/INI901/ASGN

NAME: HUDSON, DOUGLAS EARL

RACE/SEX: W/M

TDC NUMBER: 01722504 TYPE: TF

MAX SENTENCE: 0025 00 00

PRIOR NUMBER: 01182468

PRJ REL DATE: 06 05 2022

BIRTH DATE: 09 10 1948 YOP: N

MAX EXP DATE: 11 20 2035

MEDICAL CLASS:

STATUS: TEMP INACTIVE

APPEAL/PROBATION CODE:

REC/DEP CODE: DQ

TDC RECEIVE DATE: 07 20 2011

UNIT:

DATE ASSIGNED: 07 24 2011

PAROLE BOARD

RSN ASSIGNED: TEMPORARY

VOTED PAROLE ACTION:

INMATE STATUS: L1 W

VOTED PAROLE DATE:

STATUS DATE: 07 20 2011

TDC CAL INITIAL PAROLE

SOLITARY STATUS:

REVIEW DATE: 10 08 2013

HB1433: Y HB1433 VOTE:

HB1433 MIN EXP DATE: 06 05 2022

DATE: 07 26 2011 TIME: 09115500

HOUSING UNIT:

JOB ASSIGNMENT: 000.607.100-005 UNASGN TRANSIENT

HSNG ASSIGNMENT:

CUSTODY: IPTC - THERAPEUTIC COMMUN

\*'S DENOTE INVALID DATA ENTER NEXT TDC NUM \_\_\_\_\_ OR SID NUM \_\_\_\_\_

CSIUCR15/CSUC15 TDC U T CLASSIFICATION REVIEW CURRENT DATE: 07/20/11  
 INMTCICS/BGR7581 HOUSING/JOB ASSIGNMENT HISTORY AND TIME: 09:11:05  
 1BP1/UC15 INMATE NAME: HUDSON, DOUGLAS EARL TDCNO: 01722504

HOUSING	DATE	UNIT	---HOUSING---	INM/HSG	CUST	AUTH	DATE	JOB ASGN	-----JOB-----	ASSIGNMENT	AUTH	HOUSING COMMENT	JOB COMMENT
07/20/11	ND	B8		029 B IT	G2	CTR	07/20/11	TRANSIENT	PEND	DIAG	PRG	CTR	

NO MORE HOUSING/JOBS AVAILABLE

ENTER THE NEXT TRANS CODE 02 AND/OR TDCNO \_\_\_\_\_  
 PF1-HELP PF3-PREV PF4-CURR AND/OR SIDNO \_\_\_\_\_

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF STATE HEALTH SERVICES**  
**VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
AUG 02 2011  
STATE OF TEXAS  
CERTIFICATE OF DEATH  
STATE FILE NUMBER 142-11-093582

11-22960  
Region A  
BAG  
1722504

1. LEGAL NAME OF DECEASED (include AKA's, if any) (First, Middle, Last)  
DOUGLAS EARL HUDSON

2. DATE OF DEATH (ACTUAL OR PRESUMED)  
07/23/2011

3. SEX  
MALE

4. DATE OF BIRTH  
09/10/1948

5. AGE at Birth (years)  
62

6. BIRTH-PLACE (City & State of foreign Country)  
FORT WORTH, TX

7. SOCIAL SECURITY NUMBER  
[REDACTED]

8. MARITAL STATUS AT TIME OF DEATH  
☐ Widowed ☒ Divorced ☐ Never Married ☐ Unknown

9. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)

10a. RESIDENCE STREET ADDRESS  
1391 FM 3328

10b. CITY OR TOWN  
TENNESSEE COLONY

10c. STATE  
TEXAS

10d. ZIP CODE  
75880

11. FATHER'S NAME  
ANDERSON

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE  
EDNA BROWN

13. PLACE OF DEATH (CHECK ONLY ONE)  
☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

14. CITY/TOWN/ZIP  
PALESTINE, 75801

15. IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.  
PALESTINE REGIONAL MEDICAL CENTER

16. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)  
262 FM 3478 STE B, HUNTSVILLE, TX 77320

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED  
LISA A D'UNHA

18. METHOD OF DISPOSITION  
☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify)

19. NAME OF FUNERAL FACILITY  
TWIN OAKS CREMATORY

20. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)  
3100 GULF FREEWAY, TEXAS CITY, TX 77531

21. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH  
PHILLIP E BUSH, BY ELECTRONIC SIGNATURE - 113853

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)  
CARNES - TDCJ

23. DATE CERTIFIED (Month/Day/Year)  
07/28/2011

24. LICENSE NUMBER  
N1194

25. TIME OF DEATH (Actual or presumed)  
16:56

26. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)  
CESAR C UY JR 2900 SOUTH LOOP 256, PALESTINE, TX 75801

27. TITLE OF CERTIFIER  
MD

28. PART 1: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

29. IMMEDIATE CAUSE (Final disease or condition resulting in death)  
a. SEPTIC SHOCK WITH MULTI-ORGAN FAILURE  
Due to (or as a consequence of):  
b. MULTI LOBAR PNEUMONIA WITH RESPIRATORY FAILURE  
Due to (or as a consequence of):  
c. CORONARY ARTERY DISEASE  
Due to (or as a consequence of):

30. APPROPRIATE INTERVAL  
24 HOURS

31. PART 2: ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.  
HYPERTENSION

32. WAS AN AUTOPSY PERFORMED?  
☒ Yes ☐ No

33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
☐ Yes ☒ No

34. MANNER OF DEATH  
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

35. DID TOBACCO USE CONTRIBUTE TO DEATH?  
☐ Yes ☒ No

36. IF FEMALE:  
☐ Not pregnant within one year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year

37. IF TRANSPORTATION INJURY, SPECIFY:  
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

38. DATE OF INJURY (Month/Day/Year)  
08/02/2011

39. TIME OF INJURY  
[REDACTED]

40. INJURY AT WORK?  
☐ Yes ☒ No

41. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)  
[REDACTED]

42. LOCATION (Street and Number, City, State, Zip Code)  
[REDACTED]

43. COUNTY OF INJURY  
[REDACTED]

44. DESCRIBE HOW INJURY OCCURRED  
[REDACTED]

45a. REGISTRAR FILE NO.  
01-318

45b. DATE RECEIVED BY LOCAL REGISTRAR  
08/02/2011

45c. REGISTRAR  
REGISTRAR - ANDERSON COUNTY CLERK, ELECTRONICALLY FILED

EDR NUMBER 00006995814

000854809

VS-112 REV 1/2006

THE STATE OF TEXAS

ISSUED AUG 03 2011

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GERALDINE R. HARRIS  
STATE REGISTRAR

DEPARTMENT OF STATE HEALTH SERVICES  
STATE OF TEXAS